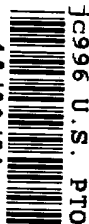


12/28/01



10396 U.S. PRO


1011 U.S. PRO

10/040937



12/28/01

TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	38461-6098
	First named inventor	D. Levendowski
	Express mail label #	EL 870636759 US
	Date of mailing	December 28, 2001

Application Elements	Accompanying Application Papers
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input checked="" type="checkbox"/> Specification containing <u>73</u> pages (including Claims and Abstract). a. Title: SLEEP APNEA RISK EVALUATION b. Number of claims: <u>77</u> 3. <input checked="" type="checkbox"/> <u>9</u> sheets of drawings with <u>16</u> Figures 4. <input type="checkbox"/> Declaration 5. <input type="checkbox"/> Sequence Listing <input type="checkbox"/> Paper copy (identical to computer copy) <input type="checkbox"/> Computer readable copy <input type="checkbox"/> Verified statement	6. <input type="checkbox"/> Copy of assignment documents from parent applications 7. <input type="checkbox"/> Preliminary Amendment 8. <input checked="" type="checkbox"/> Return Receipt Postcard 9. <input checked="" type="checkbox"/> Small Entity Status is claimed
	SIGNATURE OF ATTORNEY/AGENT HELLER EHRMAN WHITE & McAULIFFE LLP  David A. Hall Registration Number: 32,233
<input checked="" type="checkbox"/> Benefit of priority: Benefit of priority to U.S. Provisional Patent Application Serial No. 60/259,397 filed December 29, 2000 and to U.S. Provisional Patent Application Serial No. 60/304,391 filed July 9, 2001 is claimed. The subject matter of these patent applications is incorporated into this application in entirety.	
CORRESPONDENCE ADDRESS	
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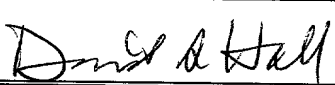
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FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	38461-6098
	First named inventor	D. Levendowski
	Express mail label #	EL 870636759 US
	Date of mailing	December 28, 2001

FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee			\$740/\$370	\$ 370.00
b)	Independent Claims	$\frac{5}{77} - 3 = \frac{2}{20} = \frac{57}{57}$	x	\$84/\$42	\$ 84.00
c)	Total Claims			\$18/\$9	\$ 513.00
d)	Fee for Multiple Dependent Claims =			\$280/\$140	\$ 0.00
TOTAL FILING FEE					\$ 967.00

- ☒ Applicant is a small entity.
- ☐ A check is enclosed in the amount of \$ to cover the fee for filing the application.
- ☐ Charge \$_____ to Deposit Account No. 50-1213.
- ☐ The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS					
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Submitted by:					
Typed or printed name	David A. Hall			Reg. Number	32,233
Signature		Date	12/28/01	Deposit Account	50-1213